

# Profile form

**SatoTravel®**

*For those employees being serviced from (1) the HCHB location, please fax completed form to (202) 482-0527, (2) the Silver Spring location, please fax completed form to (301) 713-2226, (3) the Gaithersburg location, please fax completed form to (301) 948-4572, or (4) from the Reservation Center in San Antonio, TX, please e-mail completed form to DOCSAT@satotravel or fax to (877) 905-9646.*

**Bureau name:** \_\_\_\_\_**Traveler name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_**Phone numbers:** Home \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_**Office address:** \_\_\_\_\_**E-mail address:** \_\_\_\_\_**Travel arranger name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_**Phone numbers:** Business \_\_\_\_\_ Fax \_\_\_\_\_**E-mail address:** \_\_\_\_\_**Form of payment:** Individual government-issued charge card**Charge card number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_**Seating preference:** ☐ Window ☐ Aisle Additional seating requests: \_\_\_\_\_**Special meals:** ☐ Low sodium ☐ Kosher ☐ Vegetarian ☐ Low fat ☐ Other**Frequent Flyer Information:**

Airline	ID number	Name (exactly as appears on card)

**Rental Car Preferences:**

Car company	ID number	Preferred size

**Hotel Preferences:** ☐ King ☐ Double ☐ Smoking ☐ Non smokingGuarantee hotel for late arrival? ☐ Yes ☐ No

Hotel chain	ID number

**Accounting data:**

SSN: \_\_\_\_\_ Bureau code: \_\_\_\_\_

Special needs (i.e. wheelchair or other assistance) \_\_\_\_\_

Additional information \_\_\_\_\_

*All Data is kept strictly confidential and is only accessible by SatoTravel counselors.*